

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

AUG 18 1941

Registration District No. 477481

Primary Registration District No. 200-4290

State File No. 25475

Registrar's No. 60

1. PLACE OF DEATH:

(a) County LEWIS
(b) City or town Lewistown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days

3. (a) PRINT FULL NAME John William Kirschbaum

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 27, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 23 If less than one day hr. min.

9. Birthplace LEWISTOWN MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business

MOTHER FATHER { 12. Name William H. Kirschbaum
13. Birthplace Essen Germany
14. Maiden name Catherine J. Dancer
15. Birthplace Ky

16. (a) Informant Mrs Rebecca White
(b) Address Lewistown, Mo

17. (a) Burial (b) Date thereof 7/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown Mo

18. (a) Signature of funeral director James A. Dancer

(b) Address Lewistown Mo

19. (a) PO (b) PO (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS
(c) City or town LEWISTOWN
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7, day 20, year 1941 hour 3 PM minute M.

21. I hereby certify that I attended the deceased from October 16, 1940 to July 20, 1941
that I last saw him alive on July 20, 1941
and that death occurred on the day and at the place stated above.

Immediate cause of death: Arterio Sclerosis Duration 3 wks

Due to Basophilic leukocytes 6 mos

Due to Reptilian 1321

Other conditions Arterio Sclerosis Hypertrophy

Major findings: Of operations PHYSICIAN

Of autopsy Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (d) Means of injury

23. Signature J. B. Dodson (M. D. or other)

Address Le Centre, Mo Date signed 7/21/41

RECEIVED

District Health Officer No. 10

District File Number 8-41-1466

Date Filed AUG 13 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Myself

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

James A. Adair

Licensed Embalmer No. 2537

P. O. Address Lewistown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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STANDARD CERTIFICATE OF DEATH

State File No. 25475

Registration District No. 477

Primary Registration District No. 200

Registrar's No. 60

1. PLACE OF DEATH:

- (a) County Lewis
(b) City or town Lewistown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Jolin W. Kirschbaum

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days (if less than one day) min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address
19. (a) July 24, 1941 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July Day 24 Year 1941 Hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above. Immediate cause of death

- Due to
Due to

- Other conditions (Include pregnancy within 3 months of death)

Major findings:

- Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-25475